**SYMPTOM WHEEL**

Return to Learn After a Concussion

Classroom Interventions: Based on Student Symptoms

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**PHYSICAL**
- "Strategic Rest" – Scheduled 15 to 20 minute (mid-morning; mid-afternoon and/or as needed) in clinic or quiet space
- Quiet room/environment, quiet lunch, quiet recess
- More frequent breaks (preferably) in classroom – eyes closed, head down for 5 to 10 minutes per hour/period
- Allow quiet passing in halls
- Remove from PE, physical recess and computer classes if symptoms are provoked

**COGNITIVE**
- Workload reduction with classwork/homework: Grade work completed; do not penalize for work not done
- Remove non-essential work
- Reduce repetition of work; go for quality not quantity
- Adjust “due” dates; allow for extra time
- Allow student to “audit” classwork
- Exempt/postpone large tests or projects; alternative testing (quiet testing, one-on-one testing, oral testing)
- Allow demonstration of learning in alternative fashion
- Provide written instructions
- Allow for “buddy notes” or teacher notes, study guides, word banks
- Allow for technology (tape recorder, smart pen) if tolerated
- Do not penalize for work not completed during recovery

**EMOTIONAL**
- Allow student to have “signal” to leave room
- Help staff understand that mental fatigue can manifest in emotional meltdowns especially in younger children
- Allow student to remove him/herself to de-escalate
- Allow student to visit with supportive adult (counselor, nurse, advisor)
- Watch for secondary symptoms of depression and anxiety due to social isolation and concern over make-up work or slipping grades. These extra emotional factors can delay recovery

**SLEEP/ENERGY**
- Allow for frequent rest breaks in the classroom (eyes closed, head down 5 to 10 minutes per hour/period) or occasionally in the clinic as needed
- Allow student to start school later in the day
- Allow student to leave school early
- Alternate "mental challenge" with "mental rest"

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